

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.2em;">09802502</div> | FILING DATE <div style="font-size: 1.2em;">03/08/01</div> |
|--|----------|------|------------------------|------|------------------------|------|---|--|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL DEP. | 17 | ← | | ← | | ← | | |
| TOTAL CLAIMS | 20 | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS